

1 GORDON D. MEADOR  
2 CST959 C5 113  
3 P.O. Box 1050  
4 Soledad, CA 93960

FILED

APR 13 2020

SUSAN Y. SOONG  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

6 UNITED STATES DISTRICT COURT  
7 NORTHERN DISTRICT OF CALIFORNIA

10 GORDON D. MEADOR,  
11 Plaintiff,

1 NO. 4:19-CV-02116-JSW

12 V.  
13

14 RALPH DIAZ, et al.,  
15 Defendants.

16 SUPPLEMENTAL TO OPPOSIT-  
17 ION OF DEFENDANTS  
MOTION FOR SUMMARY JUDGE-  
MENT

18  
19 SINCE THE FILING OF HIS OPPOSITION PLAINTIFF  
20 RECEIVED TWO DOCUMENTS THAT CLEARLY SHOW  
21 DEFENDANTS ARE STILL REUSING TO ADDRESS THE  
22 PROTECTION OF PLAINTIFF'S LIFE. AND THAT THEY  
23 HAVE FULL KNOWLEDGE OF PLAINTIFF'S NEEDS.  
24

25 THEY HAVE REJECTED YET ANOTHER 602 APPEAL  
26 THAT REQUESTED PROTECTION. (EXHIBIT A.) ALSO A  
27 LETTER FROM AN (A) CAPTAIN ACKNOWLEDGING ENEMIES  
28 AND ALLEGATIONS OF ENEMY SITUATIONS. (B.)

1 Plaintiff respectfully request that his  
2 honor allow Plaintiff to submit these 2  
3 documents as he received them after the  
4 filing of his opposition.  
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6 DATED: MARCH 31, 2020  
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GORDON O. MEADOR

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State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

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RE: Screening at the FIRST Level

*Friday, March 27, 2020*

*MEADOR, C57959*

*C 005 1113001L*

GRIEVANCE AGST STAFF, Supervisorial Review (Local Staff), 03/26/2020

Log Number: SVSP-L-20-01483

**(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)**

The enclosed documents are being returned to you for the following reasons:

*Your appeal has been cancelled pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(c)(4). Time limits for submitting the appeal are exceeded even though you had the opportunity to submit within the prescribed time constraints.*

*Meador, your appeal was received by the SVSP Appeals Office. However, that appeal is being cancelled due to "Time constraints not being met."*

- V. Lomeli, Appeals Coordinator
- W. Fonseca, Appeals Lt
- C. Ramos, CCI
- C. Martella, AGPA

Appeals Coordinator  
SVSP

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NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

you people keep rejecting these issues  
why? please process.

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Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

**NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED**

STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL  
CDCR 602 (REV. 03/12)**ORIGINAL****COPY**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

SVSP-L-20-01483

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

Name (Last, First):

Meadar D.

CDC Number:

C57959

Unit/Cell Number:

(S-132)  
FCI A-12Assignment:  
PIP

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

Ms. Foss, Pantida &amp; Parin, trying to get me killed.

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): I am being

denied protection. This is 3335 by Aguilera, Lukes,  
HS Ross, Parin and Pantida. They are refusing  
to protect me from violence. 3335 & 3341B. Action requested (If you need more space, use Section B of the CDCR 602-A): That I be  
protected under 3335 & 3341 and put into  
AD-SEG UPON MY DISCHARGE FROM THE PIP PROGRAM.  
MULTIPLE ENEMIES ON SHY, G.P. AND SOP YARDS.

Supporting Documents: Refer to CCR 3084.3.

 Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

CDCR 22 FORM

 No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature:

Date Submitted: 2-2-19

 By placing my initials in this box, I waive my right to receive an interview.

RECEIVED MAR 26 2020

## C. First Level - Staff Use Only

This appeal has been:

Bypassed at the First Level of Review. Go to Section E.  
 Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cancelled (See attached letter) Date: \_\_\_\_\_  
 Accepted at the First Level of Review.

Staff - Check One: Is CDCR 602-A Attached?  Yes  No

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

AC Use Only  
Date mailed/delivered to appellant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL  
CDCR 602 (REV. 03/12)

# ORIGINAL

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

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Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted : \_\_\_\_\_

**E. Second Level - Staff Use Only**

Staff – Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:

By-passed at Second Level of Review. Go to Section G.  
 Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date:  
 Cancelled (See attached letter)  
 Accepted at the Second Level of Review

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed : \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print Name)

Date received by AC: \_\_\_\_\_

|   |
|---|
| AC Use Only<br>Date mailed/delivered to appellant _____ / _____ / _____ |
|---|

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

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Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**G. Third Level - Staff Use Only**

This appeal has been:

Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date:  
 Cancelled (See attached letter) Date: \_\_\_\_\_  
 Accepted at the Third Level of Review. Your appeal issue is  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached Third Level response.

|  |
|--|
| Third Level Use Only<br>Date mailed/delivered to appellant _____ / _____ / _____ |
|--|

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

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Inmate/Parolee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COPY**

STATE OF CALIFORNIA  
**RIGHTS AND RESPONSIBILITY STATEMENT**  
 CDCR 1858 (Rev. 10/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## RIGHTS AND RESPONSIBILITY STATEMENT

*The California Department of Corrections and Rehabilitation has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.*

**Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:**

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

|  |  |                        |
|--|--|------------------------|
| COMPLAINANT'S PRINTED NAME<br><i>H. M.</i>         | COMPLAINANT'S SIGNATURE<br><i>MEADOR</i>   | DATE SIGNED<br>2-2-19  |
| INMATE/PAROLEE PRINTED NAME<br><i>Meador</i>       | INMATE/PAROLEE'S SIGNATURE<br><i>H. M.</i> | CDC NUMBER<br>CS7959   |
| RECEIVING STAFF'S PRINTED NAME<br><i>N. Fossen</i> | RECEIVING STAFF'S SIGNATURE<br><i>WZ</i>   | DATE SIGNED<br>3/26/20 |

## DISTRIBUTION:

ORIGINAL -

Public - Institution Head/Parole Administrator  
 Inmate/Parolee - Attach to CDC form 602  
 Employee - Institution Head/Parole Administrator  
 COPY - Complainant

VIOLATIONS 3335 & 3341  
 FAILURE TO PROTECT

1. PARKIN
2. Partida
3. Lukus
4. Aguilera
5. T. Foss

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**SALINAS VALLEY STATE PRISON**

PO Box 1020  
Soledad, CA 93930



March 27, 2020

Gordon Meador, C57959  
Salinas Valley State Prison  
C5-113I

Inmate Meador,

I received your letter and want to commend you for stating your desire was not to hurt anyone. You are alleging CDCR staff is trying to harm you. Let me assure you that your safety and the safety of Salinas Valley State Prison's (SVSP) staff is my top concern.

As you state in your letter, the Psychiatric Inpatient Program (PIP) has helped you control your impulses. I encourage you to keep with your treatments and attend your groups. Your PIP treatment team is here to help you and requires your participation. Without your involvement, your mental health providers will not be able to fully treat the underlying matters you may want addressed. SVSP staff is here to help you. You name numerous SVSP staff members who you are thinking of and who have helped you during your incarceration.

I take the allegations addressed in your letter very seriously and encourage you to take advantage of our grievance process. The Appeal 602 process is available to you to help resolve some of your allegations.

Thank you again for your correspondence. I value your concerns and welcome your letters. The California Department of Corrections and Rehabilitation and I encourage written correspondence.

If you have any further questions please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "E. MAZARIEGOS".

E. MAZARIEGOS  
Health Care Access Captain (A)  
Salinas Valley State Prison

A handwritten mark consisting of a large, stylized letter 'B' with a horizontal line extending from its right side.

GORDON D. MENADOR  
CS7959 CS 113  
P.O. Box 1050  
Soledad, CA 93960

U.S. DISTRICT COURT

1301 DAY ST., SUITE 400S  
OAKLAND, CA 94612-5212



STATE PRISON RECEIVED

APR 13 2020

SUSAN Y. SOONG  
CLERK, U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA

GENERATED MAIL

Confidential//Legal

SPG 123E12 CUST

STATE PRISON  
GENERATED MAIL

4/7/20